
**PRELIMINARY DRAFT
No. 3235**

**PREPARED BY
LEGISLATIVE SERVICES AGENCY
2008 GENERAL ASSEMBLY**

DIGEST

Citations Affected: IC 12-7-2-134; IC 12-15-13-0.4.

Synopsis: Medicaid claim payments. Specifies that the office of Medicaid policy and planning, a managed care organization that has contracted with the office under the state's Medicaid program, and a person that has contracted with the managed care organization must meet certain requirements concerning payment and denial of claims.

Effective: July 1, 2008.



A BILL FOR AN ACT to amend the Indiana Code concerning Medicaid.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 12-7-2-134 IS AMENDED TO READ AS
2 FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 134. "Office" means
3 the following:

4 (1) Except as provided in subdivisions (2) ~~and (3)~~, **through (4)**,
5 the office of Medicaid policy and planning established by
6 IC 12-8-6-1.

7 (2) For purposes of IC 12-10-13, the meaning set forth in
8 IC 12-10-13-4.

9 **(3) For purposes of IC 12-15-13, the meaning set forth in**
10 **IC 12-15-13-0.4.**

11 ~~(3)~~ (4) For purposes of IC 12-17.6, the meaning set forth in
12 IC 12-17.6-1-4.

13 SECTION 2. IC 12-15-13-0.4 IS ADDED TO THE INDIANA
14 CODE AS A NEW SECTION TO READ AS FOLLOWS
15 [EFFECTIVE JULY 1, 2008]: **Sec. 0.4. As used in this chapter,**
16 **"office" includes the following:**

17 **(1) The office of Medicaid policy and planning.**

18 **(2) A managed care organization that has contracted with the**
19 **office of Medicaid policy and planning under this article.**

20 **(3) A person that has contracted with a managed care**
21 **organization described in subdivision (2).**

